Form 2 **Procurement**

Request for Quotation (Contact at least five (5) vendors, two (2) of which are state certified MBE's.)

To (Name & Address of	of Vendor/Consultant):		From (Name &	Address of Grantee/P	urchasing Agent):	
Date:						
The City/Town of —		is seeking		(Description of Services)		
The procurement of t	hese products/service	es is required for	the implementatio	n of a	(Type of Project)	
If interested, you are	asked to fill in the be	low information	and submit it back	to me by	(Date)	
Should you have any questions, please feel free to contact me at (Phone Number, Ext.)						
Item/Service (Completed by Grantee)	Quantity (Completed by Grantee)	Description (Completed by Grantee)		Unit Price (Completed by Vendor)	Total Amount (Completed by Vendor)	
_					_	
Additional Informa	tion:					